

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/954,874

CLAIMS AS FILED - PART I

		(Column 1)	(Column 2)
TOTAL CLAIMS			
FOR	NUMBER FILED	NUMBER EXTRA	
TOTAL CHARGEABLE CLAIMS	minus 20 =		
INDEPENDENT CLAIMS	minus 3 =		
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

SMALL ENTITY TYPE	OTHER THAN OR SMALL ENTITY
RATE	FEES
BASIC FEE	355.00
X\$ 9 =	<input type="checkbox"/>
X40 =	<input type="checkbox"/>
+135 =	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	
RATE	FEES
BASIC FEE	710.00
X\$18 =	<input type="checkbox"/>
X80 =	<input type="checkbox"/>
+270 =	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 40	Minus	.. <input type="checkbox"/> =
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9 =	<input type="checkbox"/>
X40 =	<input type="checkbox"/>
+135 =	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	
RATE	ADDI- TIONAL FEE
X\$18 =	<input type="checkbox"/>
X80 =	<input type="checkbox"/>
+270 =	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>
OR	

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 45	Minus	.. <input type="checkbox"/> =
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT B	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	X\$ 9 =	<input type="checkbox"/>	X\$18 =	<input type="checkbox"/>
	X40 =	<input type="checkbox"/>	X80 =	<input type="checkbox"/>
	+135 =	<input type="checkbox"/>	+270 =	<input type="checkbox"/>
	TOTAL	<input type="checkbox"/>	TOTAL	<input type="checkbox"/>
OR				

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	• 45	Minus	.. <input type="checkbox"/> =
Independent				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
	X\$ 9 =	<input type="checkbox"/>	X\$18 =	<input type="checkbox"/>
	X40 =	<input type="checkbox"/>	X80 =	<input type="checkbox"/>
	+135 =	<input type="checkbox"/>	+270 =	<input type="checkbox"/>
	TOTAL	<input type="checkbox"/>	TOTAL	<input type="checkbox"/>
OR				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.